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ABSTRACT

Described is an instructional program that served approximately 125 hospitalized children in grades 1-12 during a 2-year period. Attention is given to the background and institutional climate, organization (including administration, staff, and physical facilities), operation (including objectives and strategies for individualized instruction), outcomes (such as providing an academic program which allows the child to keep up with his nonhospitalized peers) and limitations (such as inability of some students to participate), the need for further evaluation of program effectiveness, and future priorities in such areas as program funding and expansion of services. (LH)

Board of Cooperative Educational Services
Hospital Teaching Program
at the
Upstate Medical Center:
An Interim Report

by

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Note: The basic format of this paper is adapted from a questionnaire by Alexander and Yelon (1972).

Introduction

Providing teaching services to hospitalized young people is not a new or a unique idea. A survey of the current literature on hospital school programs (CEC-ERIC, 1971,1972; Jorgensen, 1968; Koontz & Fasteau, 1971; Ontario Department of Education, 1971; Outland & Gore, 1969; "P.S. 300," 1973; Wolinsky & Baker, 1968) indicates that hospital teaching programs vary a great deal in their settings, resources, and ability to meet the needs of the school-aged population. However, the primary goal of these programs is illustrated by the following passage from an article in Children's World ("P.S. 300," 1973):

> Question: Which of the following words or phrases is inappropriate in this general grouping: (a) blood count; (b) X ray; (c) social studies; (d) physical therapy? If you chose "(c) social studies," you're wrong. The answer should be "(e) none of the above." While the central effort at Childrens [Children's Hospital Medical Center, Boston, Massachusetts] is directed, of course, toward the care and healing of sick bodies, there is a very small, but extremely dedicated, group of professionals whose special interest is in developing the intellects of the young patients here. Because school is such a major component in the life of a child, it is the task of the hospital teachers to provide some academic continuity for children whose regular education is interrupted by hospitalization. (p. 22)

It was with this spirit and philosophy that the Hospital Teaching Program was created at Upstate Medical Center in 1972. The hospital teaching service is a coordinated program involving students, parents, physicians, nurses, social workers, therapists, and volunteers.

In this program, teaching and learning take place both in small groups in a classroom setting and at the bedside of some patients in the hospital. Individualized programs and special instructional materials enable the hospital teacher to meet the educational needs of students.

Communication is maintained with the student's home school district through contact with teachers, guidance counselors, and principals. Materials supplied by the student's home school are used when available so that the student is able to keep up with his/her class.

A hospital school program provides the most effective means of meeting the unique problems of teaching children while they are patients in a hospital. This special kind of teaching places unique demands on a teacher in terms of what she has to accomplish (and be aware of) if teaching is to be successful; it also provides unique satisfactions for the teacher.

The purpose of this report is to describe the Hospital Teaching Program at the Upstate Medical Center. Attention is given to the background and institutional climate, organization, operation, outcomes, evaluation, and future of the program.

BOCES also supports a hospital teaching program at Crouse Irving Memorial Hospital. While there are some similarities in the programs at Upstate and Memorial, the

programs are different enough so that each should be covered as a separate and unique entity.

Background and Institutional Climate

Rationale

For several years prior to the implementation of the hospital teaching program at the Upstate Medical Center, the pediatric staff had been advocating for a hospital-based teacher. Procedures for obtaining teaching services at that time were lengthy and irregular. The process of filling out homebound-hospitalbound applications, securing the authorized signatures, waiting for processing, and waiting for a teacher was cumbersome and inadequate in meeting the needs of the school-aged population. When the home school teacher arrived, it was often the case that the student-patient was sleeping, ill, in treatment, or in therapy. Some teachers from local districts came to the hospital after a full day of work in the classroom and were not able to spend time both with the student assigned for tutoring and with hospital staff in discussing the student's condition and present needs. There were occasions when a student was discharged before all of the paperwork and authorizations were complete and a teacher assigned. A survey (Brown, 1973) revealed that school-aged children at Upstate were missing a total of 300 school days a month.

Feedback from students, teachers, nurses, physicians, parents, and psychiatrists in established hospital school programs strongly supports the concept of a hospital teaching program:

> It is extremely important that the education of the child not be disrupted. (Koontz & Fasteau, 1971, p. 141)

> The educational program [in the hospital] plays a vital role in the overall plan of habilitation or rehabilitation. (Koontz & Fasteau, 1971, p. 141)

> Learning is an important childhood activity which should not stop because of hospitalization. ("P.S. 300," 1973, p. 22)

> There are special advantages to be gained from the individual attention and special one-to-one relationship made possible by bedside teaching. Much more than merely "keeping up" with regular schoolwork, some long-term patients have actually been able to move ahead in areas of particular strength. Other patients whose physical handicaps have made them extremely self-conscious and unable to adapt well emotionally to regular schooling have benefited by and, in many cases, "blossomed" under the individual attention and sensitive understanding and assistance provided by the teachers. ("P.S. 300," 1973, p. 24)

> The school program provides the child with some sense of mastery in a situation which might generally produce a sense of helplessness and lack of control over what is going on. ("P.S. 300," 1973, p. 26)

> Teenagers, particularly, are afraid of a loss of continuity with the adolescent process itself. At a period during which there is special concern with "growing up," the continuity provided by the school program brings with it assurance that the adolescent process will continue, even while certain areas of progression seem to be temporarily at a standstill. ("P.S. 300," 1973, p. 26)

History

In December 1972, the Syracuse City School District agreed to supply a teacher to be based at Upstate Medical Center. From past census data, it appeared that there would always be at least three to five school-aged patients qualifying for hospitalbound instruction. The teacher would

work from fifteen to twenty-five hours per week and be paid $6.50 per hour for "teaching hours." A maximum load of twenty-five hours was maintained during most of the 1972-73 school year, although an average of approximately 37 hours per week in the hospital was required to "teach" twenty-five hours. Time in the evenings, on weekends, and during vacations was spent in developing and maintaining the educational program.

Syracuse City School District paid the teacher for each hour of tutoring as reported on weekly time sheets. Districts other than Syracuse whose students received tutoring services reimbursed Syracuse. Syracuse reimbursed the teacher up to $5.00 each month for supplies; Upstate Volunteer Center reimbursed up to $10.00 each month for supplies; and the secretary on the Pediatric Unit (4A) ordered general office supplies through Pediatrics.

In October 1973, the Board of Cooperative Educational Services (BOCES) for Onondaga-Madison County assumed responsibility for administrating the hospital teaching program. The teacher was hired on a part time basis and salaried according to the BOCES Teachers Salary Schedule. Syracuse City School District continued to provide support by contributing a percentage of the teacher's salary. Other school districts continued to use hospital teaching services on a reimbursement basis. The Upstate Volunteer Center maintained their support ($10.00 each month for instructional

supplies).

Setting

Upstate Medical Center is a teaching hospital. Physicians, nurses, and therapists, at various stages of their educational programs, are involved with patient care. The multiple goals of providing medical services, a learning environment, and opportunities for research offer the professional a variety of settings in which to grow, learn, and serve.

Organization

Administration

The administrative hierarchy includes the Director of Special Education Programs at BOCES, the Resource Supervisor at BOCES, the Chairman of the Department of Pediatrics at Upstate, and the Pediatric Nursing Supervisor at Upstate. Some advantages of this administrative structure include having a variety of resources from which to obtain information and materials and having support from two disciplines, education and medicine. The most outstanding disadvantage is that the priorities of the various administrators and the constraints under which they function are different, and it is sometimes difficult to meet all expectations.

Staff

At the present time, one half-time teacher covers the school-aged children at Upstate. Volunteers and student

teachers supplement the instructional services. School districts are charged only for the professional teacher's services. The teacher is responsible for developing, implementing, and evaluating an instructional program for each student who is authorized to receive services through the BOCES Hospital Teaching Program. The supplemental staff provide services to pre-school children and short-term students. In addition to the supplemental tutoring, volunteers help students by turning pages, writing, and reading in cases where the student is unable to perform these activities independently. The teacher is certified in Special Education and common branch subjects, has a B.S. degree, and is currently completing an M.S. degree in preparation for doctoral work in instructional technology. There has been no turnover in staff since the program began. The original teacher began with the program in December 1972 and is still a part of the staff at this time.

Student teachers are completing their undergraduate degrees at local universities and stay at the hospital for a period of nine weeks. Volunteers range from retired certified teachers to school-aged patients interested in peer tutoring. In-service training is available to professional staff through BOCES and hospital seminars, conferences, workshops, and staffings.

Job description. The following job description for

a hospital teacher was developed by teachers, students, parents, and staff in an effort to provide some guidelines for hiring professional staff.

Requisite skills and abilities:

1. The hospital teacher will be able to teach all school-aged children -or- locate resources, human and non-human, to meet the needs of the students.

2. The hospital teacher will be able to plan, implement, and evaluate educational programs.

3. The hospital teacher will maintain a professional attitude when dealing with confidential information.

4. The hospital teacher will seek to gain necessary medical knowledge through inservice training, professional reading, and independent study.

5. The hospital teacher will be responsible for formative and summative evaluations of hospital based educational programs.

6. The hospital teacher will maintain active working relationships with both hospital and school personnel.

Physical Facilities and Equipment

The teacher has an office located on the Pediatric Inpatient Unit (4A). All other facilities are shared with Pediatrics or other departments. Some facilities presently used by hospital teaching program staff include the playroom on 4A; the conference room on 4A; the physical therapy gym; the occupation therapy kitchen, phone, shop, and testing room; and the medical library.

All equipment available to Upstate staff is available to the hospital teacher. This includes audiovisual equipment from the Educational Communications Department, medical and

laboratory equipment, furniture (desk, chairs, bookshelves, carts), and adaptive devices for daily living (typewriters--one and two-handed, extension devices, gripping devices, slings, splints, prism glasses etc.).

Relationships with Other Departments

Close working relationships are maintained with social workers, play therapy, occupational therapy, physical therapy, volunteer center, educational communications, medical staff, rehabilitation, psychiatry, food service, and custodial service. All of these relationships are reciprocal in nature. Team conferences which include some or all of the staff involved with a patient are often initiated by the teacher. Whenever possible the teacher attends staffings on students in order to gain current information on the student's medical condition and to offer comments or suggestions.

Operation

Goals and Objectives

The initial short-term goals for the program were:

1. To provide individual tutoring.
2. To provide a classroom setting for ambulatory patients.
3. To provide continued educational stimulation and motivation for students of school age.

These goals were later expanded; and the following statement of goals and objectives was developed by teachers, students, parents, and staff:

The hospital teacher will meet the educational needs of all school-aged children in Upstate by:

1. Planning instruction, implementing instruction, and evaluating each student educationally.

2. Developing special instructional materials and adaption devices when indicated.

3. Maintaining contact with students' home school districts.

4. Working with others (social workers, occupational therapists, volunteers, homebound teachers) to most effectively implement instructional programs.

5. Working with hospital staff and BOCES staff toward future expansion of hospital teaching programs.

While these goals are adequate for school-aged children, the large number of requests for additional services (see section on Additional Services) indicate that a more comprehensive goal could be added as a long-range plan:

The hospital teaching program will meet the educational needs of all patients (birth through death) by providing personal, consultative, and resource services.

Instruction

The instructional program is based on educational concepts that relate to (a) requirements for a successful academic program:

1. The program must be compatible with the immediate and long-range needs of the individual and the society.

2. The program must be sensitive to the different backgrounds, priorities, and potentials of its students.

3. The program must make maximum use of available human and material resources.

4. The program must be sensitive to the time frame of the student for instruction and the conditions under which the academic program must take place. (Diamond, Eickmann, Kelly, Holloway, Vickery, & Pascarella, 1973, p. 15)

(b) individualized instruction:

Individualized instruction is not the same thing as "teaching students individually." (Esbensen, 1968, p. vii)

An instructional system is individualized when the characteristics of each student play a major part in the selection of objectives, materials, procedures, and time. It is individualized when decisions about objectives and how to achieve them are based on the individual student. (Esbensen, 1968, p. vii)

Individualized instruction includes flexible timing, diagnosis, remediation, content options, evaluation, feedback, choice of locations, alternate forms of instruction, and individual counseling. (Diamond et al., 1973, pp. 3-14)

and (c) instructional development:

A systematic approach to instructional development (carefully, thoughtfully, and diligently applied) results in the following outcomes:

1. The end product (program) has a demonstrated capability of producing the desired result.

2. The end product (program) has gone through a revision process based on information gained from students and teachers in earlier trial runs.

3. The end product (program) consists of learning experiences linked with instructional procedures and evaluation techniques.

4. Each part of the end product (program) can be described and the reason for it being that way can be justified.

The application of a systems approach to instructional development has been remarkably successful in allowing an educational manager to plan for, organize staff around, direct actions toward, and control the resources for achieving a set goal.

The systems approach is in a very real sense a management

> tool that allows individuals to examine all aspects of a problem, to inter-relate the effects of one set of decisions to another, and to optimally use the resources at hand to solve the problem. (Twelker, Urbach, & Buck, 1972, p. 1)

The instructional process begins when a request for instructional services comes from a student, parent, school district, social worker, medical staff member, therapist, or other individual or department. The teacher serves as a manager, tutor, counselor, therapist, facilitator, advisor, and advocate. Instruction takes place at bedside or, if the student is ambulatory and not isolated, in any available room or department which is appropriate for the student. Field trips are taken either singly or in groups both in and out of the hospital.

Programs are planned individually to meet the immediate and long-term needs of each student. The programs, however, may be divided into three categories (Ontario Department of Education, 1971): short-term programs, long-term programs, and programs for students with a terminal illness. Short-term students (in the hospital from two to four weeks) generally have a program designed so that they can keep pace with their schoolmates and return to school with a minimum of missed work. Long-term students often need an individually designed program that takes into account the instruction in progress in their class and also their particular social, emotional, and medical needs. Students with a terminal illness have the most flexible

programs. Depending on the student's needs, instruction may vary from a fairly strict adherence to home school texts (some students request this) to a special program which incorporates learning about people, death, math, and other topics of concern and interest to the student.

Group work usually resembles a traditional one-room schoolhouse in that students at different grade levels are mixed together. The curriculum consists of general topics such as the hospital community and individualized topics such as poetry in the early 1900's, fractions, and the theory and use of magnetic force.

A variety of teaching strategies are used including lecturing, teacher tutoring, and peer tutoring. An informal needs assessment and academic evaluation is done for each student using resource materials from the Hospital Teaching Program library and information from the home school. If more information is necessary for planning a student's program, the teacher uses formal tests.

The following case studies illustrate the instructional process.

Tommy: The initial request for services came from Tommy's physician. Tommy, a 17 year old, had told his doctor that he was in the tenth grade in an accelerated academic program and expected to graduate early. The doctor wanted immediate action on the part of the teacher so that Tommy would not lose any more time. Having obtained the necessary medical information from the student-patient's chart and staff conferences (patient admitted with a gunshot wound, paralyzed from the chest down, expected length of stay-

six to eight months, prognosis-permanent paralysis), the teacher began to obtain signatures on forms, contact the home school district, and talk with the parents. As the teacher observed Tommy, several clues became apparent: Tommy appeared to be surprised when his meal trays arrived (Patients fill out their own menus.); assignments were incomplete; and Tommy insisted that he do his work independently while he was alone in his room. One evening after several hours of "just rapping," Tommy was able to respond to the teacher's asking about any reading difficulties by stating that (for functional purposes) he could not read. He was very verbal and sociable and had been passed from grade to grade, each year getting farther behind and understanding less of his classwork. His family had moved recently; and while his records had been received by his new school, the counselor had not yet had a chance to get to know Tommy. He was ashamed of his low reading skills and had carefully bluffed his way through most of his life. The hospital staff, unaware of this disability, viewed Tommy's behavior as flippant and annoying. Formal testing indicated that Tommy was reading on a first grade level and doing math on a third grade level. As the teacher and Tommy worked together to establish some realistic goals and objectives for an academic program, the teacher met with all of the people concerned with Tommy's rehabilitation program (physicians, nurses, therapists, vocational rehabilitation staff, dietician, teachers, counselor, mother, relatives, and friends). Tommy's academic work ranged from measuring and charting urine output to reading a rewritten version of a booklet on self-care for paraplegics. The teacher attended weekly rehabilitation rounds and had a chance to exchange information with staff members. Field trips in and out of the hospital provided real-life situations in which to test new skills and abilities. Tommy, the teacher, staff, family, and home school worked together in the educational process by providing constant feedback. After eight months in the hospital, Tommy and the teacher wrote a letter to the home school explaining the special program and listing skills and content of material covered in each subject. Grades were determined by the amount of work and effort by Tommy at his own level of ability. The home school accepted the grades, and the letter became a part of Tommy's school file. Tommy worked that summer at a part-time job and returned to school in the fall. Special preparations for transportation and wheelchair mobility enabled Tommy to make a smooth transition back to school. Tommy continues to keep in touch with the hospital teacher.

Laura. Laura, a seven year old, and her family had been planning her hospital stay for several weeks prior to her operation. Laura and the teacher had met on a pre-admission visit to the hospital and had talked about Laura's fear of falling behind in her schoolwork and having to stay in the same grade while her classmates moved on. The teacher contacted Laura's home school teacher and plans were made to have the materials and assignments for several weeks of classwork ready for Laura to bring with her to the hospital. All forms were ready to be signed when Laura arrived as scheduled. On Tuesday, the day before her operation, Laura and the teacher looked over the assignments and made a wall chart showing the goals for each day. Laura's surgery went smoothly on Wednesday, and by the next day, Laura was able to begin to do some of her schoolwork. The teacher had helped Laura set up a flexible schedule so that Laura could see her progress and not feel frustrated by the small steps. Visits from her home school teacher and family helped the time pass and helped Laura to feel less isolated from her friends and home. Laura learned how to use the hospital school's electric typewriter, and she wrote to her classmates delightedly displaying her new typing skills. Laura was able to complete most of her schoolwork during her stay in the hospital. A transitional program of half days in school for a few weeks was planned by hospital and home school teachers prior to Laura's discharge. Laura went back to her home school and is doing well.

In the two years of the program's functioning at Upstate, approximately 1200 hours have been spent in direct contact between the students and the teacher. Instruction is available to any school-aged patient whose school district authorized instruction through the BOCES Hospital Teaching Program.

Administrative activities demand a great deal of the teacher's time. Each student enrolled in the program must have a completed application form signed by the parents and physician and a verbal authorization from the superintendent of the home school district before instruction can begin. Each

elementary school student receives a maximum of five hours of instruction each week; junior and senior high school students receive a maximum of ten hours each week. These activities are of equal priority due to the nature of the funding (direct reimbursement).

Additional Services

Many requests for additional services have come from hospital staff and school districts to meet a wide variety of needs. They include (a) inservice training, (b) participation on an interdisciplinary team for diagnosis and referral of outpatients with school-related problems, (c) specially designed materials to teach patients about their illness and long-term care, (d) diversional and educational materials for pre-school patients and those with special needs (visual impairments, auditory impairments, limited mental capacity), (e) lists of resources for people with special needs, (f) personal tutoring, (g) recommendations for school placement, (h) instructional development in hospital orientation for newly admitted pediatric patients, (i) resource for university courses, and (j) educational testing and evaluation. The teacher has responded to the majority of these requests on the basis of donated service (without financial compensation) since these services are not a regular part of the hospital teaching program at this time.

Outcomes

Some of the most important results of the program have been (a) a recognition of educational services as an integral part of a child's total recovery program, (b) close working relationships with home schools and medical personnel, (c) opportunities for students to have a one-to-one relationship in an instructional setting, (d) the discovery of and solution to proviously undiagnosed learning handicaps (improper school placement, need for glasses or other special devices, and a variety of learning disabilities), (e) a relatively consistent academic program which allows the student to remain in the same grade as his/her peers or to graduate with his/her class, and (f) opportunities to enhance the quality of life for many students, some of whom have long years ahead and others who are limited by illness to months or minutes.

Some of the least effective outcomes have been the large number of students not able to participate in the program and the inability of the teacher to participate in all team activities (rounds, staffings, conferences) related to each student. Within the present system of waiting for authorization from each school district and twenty hours each week of instruction time, it is impossible to provide services for a large number of students on a daily needs basis. Participation in staffings and conferences

by the teacher is limited by priorities in administration and instruction and by the amount of "extra" time the teacher is able to spend in the hospital beyond the basic twenty hours of work time.

Evaluation

The only evaluation of the program by parents, hospital staff, students, and home school districts has been on an informal basis including newspaper articles (Brown, 1973; Kallfelz, 1974), letters, notes, phone calls, and visits. The feedback has been very positive and strongly supportive of the existing services. However, many people have expressed concerns about the limitations on those who can qualify for services. Before instruction can begin, the student must meet all of the following criteria: (a) two weeks or longer expected stay in the hospital, (b) approval from home school district, (c) first through twelfth grade student, and (d) all forms must be complete.

A form was designed to be used by home school districts for evaluating the effectiveness of the hospital teaching program for long-term students. It was never used, however, for the following reasons: (a) students dying, (b) students going to other hospitals or rehabilitation centers instead of back to the home school, (c) students having a homebound teacher at their house for the remainder of the school year, and (d) students finishing the school year in the hospital

and not returning to their home school. There is, therefore, no hard data available on strengths and weaknesses of the program.

Future

Priorities

Of prime concern to administrators and staff of the hospital teaching program is the problem of funding. The root of this problem appears to be the highly discretionary nature of (New York State) Education Law as it concerns the teaching of pupils confined to hospitals. A legal interpretation of Section 2554 indicates that school districts are mandated to provide services but they (the school districts) make the determination as to when those services shall start and for how long the service shall continue depending on the child's needs. Attempts have been made by BOCES and Upstate administrators to procure funds for a full time "open" hospital school program. Federal, state, and local funding sources have been researched with no success. An attempt was made to request a sum of money from each of the school districts in the central New York area based on the admission statistics at the hospital from the previous year. Because one year's statistics were not a reliable indicator of the next year's hospital population, school districts were reluctant to commit money for services that they may or may not need.

Needs

Based on requests for services, (see section on Additional Services), there appears to be a need for expanded services. Future plans should include a multi-specialty staff (one or more high school teachers, elementary level teachers, special education teachers, and an administrator-facilitator for home school contacts) and a classroom which is easily accessible, available, equipped with instructional materials and media, and staffed by one or more teachers or volunteers.

Summary

During the past 22 months the Hospital Teaching Program at the Upstate Medical Center has provided instructional services for approximately 125 students for 1200 hours. The hospital teaching program began with one half-time teacher in December 1972 with the administrative support of the Syracuse City School District. In October 1973, the Board of Cooperative Educational Services took over the administrative function for the program. Any school-aged patient whose home school district authorizes BOCES hospital teaching service and agrees to reimburse BOCES for tutoring hours can begin to receive instruction. The teacher serves as an educational manager in this unique and challenging "classroom." Instruction can take place individually or in groups, at bedside or in

a classroom, on a stretcher or at a desk, in an intensive are unit or in an elevator, with an IV or during a transfusion. It is difficult to vicariously communicate the enthusiasm and excitement in a hospital school. Other authors have emphasized this aspect (Koontz & Fasteau, 1971). Future goals include expanded services for a wider audience.

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